

LICENSING OPERATIONS DIVISION

ZONING VERIFICATION FOR VEHICLE DEALERS LICENSE

(Please complete in ink)

NOTE: This form is to be completed by an official of the agency responsible for zoning in your area and submitted with your application for license to a Department Inspector.

I hereby certify that the property located at _____
STREET

CITY STATE ZIP CODE
is presently zoned (check one of the following):

- ☐ Compatible to the operation of Vehicle Retail Sales (*Display Area **Mandatory***)
- ☐ Compatible to the operation of Vehicle Wholesale Only Sales (*Display Area **NOT Mandatory***)
- ☐ Non-compatible to the operation of an automobile dealer business
- ☐ Other Comments: _____

SIGNATURE



TITLE

AGENCY CITY, COUNTY, OR CITY AND COUNTY

DATE

TELEPHONE NUMBER

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